

DHSP Application for Enrollment

DHSP Program Name: _____

The Department of Human Services is committed to work jointly with families to gain a greater understanding of the interests and needs of each individual child. Good communication between families and the Department of Human Services staff will help us better serve your child. We appreciate your willingness to work jointly with us to support the learning and well being of your child. The following information will assist us greatly. Any additional information regarding your child's specific needs is greatly appreciated.

Child's Last Name	First Name	Nickname
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School Attending	Grade	Date of Birth
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Parent/Guardian Name

Home address

Home phone

Cell/Beeper

Work place

Work phone

email address

Parent/Guardian Name

Home address

Home phone

Cell/Beeper

Work place

Work phone

What language do you speak at home? _____

Can your child speak and understand English? _____

If your child has not been enrolled in a school system, what group experiences has your child had: Preschool? Family Day Care? Playgroup? Other Afterschool experiences?

What do you hope your child gains from this program?

Have there been any major changes in your family routine during the past year? A new baby? Moving? Accident or injury to your child or other family member?

How does your child usually respond to a new experience? Shy? Assertive? Please describe.

What do you find most effective in calming your child when he/she is upset?

What activities do your child like best? Favorite Toys/Games/Songs/Activities

Does your child have any special dietary concerns? Yes ___ No ___ If yes, please explain_____

Does your child have any allergies i.e. asthma, hay fever, insect bites, medicine, food, reactions? Yes ___ No ___

If yes, please explain _____

Does your child take any regular medication? Yes ____ No ____

Will they need to be administered during the program hours? Yes ____ No ____

If yes, please explain _____

Does your child have any special needs or disabilities (health, physical, emotional)?
Yes ____ No ____ If so, please describe.

Does your child have an IEP (Individual Education Plan)?
Yes ____ No ____ If yes, please see the attached Request for Information Release Form.

Does your child need individual attention for certain activities? Yes ____ No ____
If yes, in what activities does your child need special attention or assistance? Please
explain.

What additional aspects of your child's physical and/or emotional development would
you like our staff to know about?

Additional Comments:

Parent's signature _____ Date _____

City of Cambridge
Department of Human Service Programs
DHSP Program Name: _____

Information Release Form
#1

(Child's Name) (Name of Elementary School)

(Grade) (Name of CPS Teacher)

I hereby authorize the Department of Human Services staff to visit my child's school day classroom and to discuss with representatives of the Cambridge Public School pertinent information regarding my child in the context of the his/her participation in the Afterschool Program.

Parent/Guardian Signature: _____ Date: _____

**PLEASE DO NOT SIGN THIS SECTION UNLESS YOUR CHILD HAS AN
INDIVIDUAL EDUCATION PROGRAM (IEP)**

#2

I hereby authorize the Cambridge Public Schools to release any student record (i.e. IEP, PassPORT, etc) to the DHSP Afterschool Program Staff. It is my understanding that the content of all records will remain confidential and will be used to enhance my child's academic performance.

Parent/Guardian Signature: _____ Date: _____